

	JUSTICE CABINET DEPARTMENT OF JUVENILE JUSTICE POLICY AND PROCEDURES	REFERENCES: 505 KAR 1:140 3-JDF-4C-21, 22, 35, 39 1-SJD-4C-28, 32
CHAPTER: Detention Services		AUTHORITY: KRS 15A.065
SUBJECT: Suicide Prevention and Intervention		
POLICY NUMBER: DJJ 724		
TOTAL PAGES: 4		
DATE ISSUED: July 15, 2005		EFFECTIVE DATE: 02/03/06
APPROVAL: Bridget Skaggs Brown		, COMMISSIONER

I. POLICY

Youth shall be screened upon admission and continually monitored thereafter in order to assess the risk for self-harm or suicide and maintain physical safety.

II. APPLICABILITY

This policy shall apply to all state-operated detention centers.

III. DEFINITIONS

“One-to-One Supervision” means when youth are required to stay within very close proximity to staff to ensure constant supervision and immediate intervention if needed for safety reasons.

IV. PROCEDURES

- A. Youth shall be screened upon admission for signs and symptoms of psychosis and suicide risk factors in accordance with protocol approved by the DJJ Medical Director. The screening form shall be reviewed and signed by the Registered Nurse. Reference DJJPP 404.1, 405.1, and 702.
- B. More extensive mental health screening shall be completed within 48 hours using a screening instrument approved by the DJJ Director of Mental Health by staff trained in use of the screening instrument.
- C. Based on this screening it shall be determined if the youth may join the general population, be referred for immediate evaluation by a mental health professional or be referred for immediate medical evaluation. The initial screening is not a diagnostic evaluation but strictly a determinant of the youth’s ability to remain safe in the facility.
- D. The Youth Worker Supervisor shall be the first informed if a youth is noted to have any risk factors, has expressed any intent to harm himself or has actually

POLICY NUMBER DJJ 724	ISSUE DATE 07/15/05	EFFECTIVE DATE 02/03/06	PAGE NUMBER 2 of 4
--	--------------------------------------	--	-------------------------------------

made an attempt at self-harm. The Superintendent and facility nurse may be informed by the Youth Worker Supervisor or designee.

- E. The youth shall be kept safe until an evaluation by a mental health professional can be conducted.** One of the following levels of precaution shall be assigned:

1. HIGH-LEVEL OBSERVATION

In most circumstances this level shall pertain to youth who have actually **recently attempted suicide or who are deemed at high risk of self-harm**. Arrangements shall be made to have a Qualified Mental Health Professional (QMHP) evaluate the youth (Reference KRS 600.020(47)). The youth shall be assigned one-to-one supervision and placed in an area designated as safe. For youth who cannot be managed in the general population, the room may be locked and the youth watched through the room's video camera. Interactive contact shall be made at intervals of no more than 15 minutes. Staff shall remain ready to intervene rapidly in the event of an emergency. The youth shall be searched for possession of any potentially harmful objects such as glass, pins, pencils, pens, and matches. Plastic bags shall be removed. In cases where a youth has used his own clothing to make a suicide attempt, DJJ approved suicide prevention garments may be substituted. No youth shall be stripped unless specifically directed by a mental health provider. A same sex staff member shall visually supervise toileting and bathing. The need for transfer to an acute psychiatric setting may be considered.

2. MODERATE-LEVEL OBSERVATION

This level shall pertain to youth that are considered at **moderate risk for suicide**. Searches as described under High-Level Observation shall be conducted. The youth shall be observed at least every 15 minutes while awake and asleep. Toileting and bathing may or may not be visually supervised depending on the youth's status; if visually supervised it shall be performed by a same sex staff member; if visually unsupervised, staff shall be standing close by with the door slightly ajar. The youth may have bedding; however, if the youth verbalizes intent to harm himself bedding shall be removed and a QMHP consulted.

- F.** Suicide precautions may be discontinued or lowered based on consultation with the QMHP. The Superintendent may be informed.
- G.** In the event of staffing shortages or facility emergencies, youth on suicide precaution shall take priority. The Superintendent shall be notified immediately of the need for additional staffing. Youth whose behavior

POLICY NUMBER DJJ 724	ISSUE DATE 07/15/05	EFFECTIVE DATE 02/03/06	PAGE NUMBER 3 of 4
--	--------------------------------------	--	-------------------------------------

presents serious danger to self or others and requires constant protective supervision beyond the capabilities of the program, shall be immediately referred for inpatient psychiatric care or other protective care.

H. Emergency transfers to mental health facilities shall be approved and supervised by the QMHP in collaboration with the Superintendent or designee and reported to the court the next working day.

I. DOCUMENTATION

1. The High Risk Form shall be completed by detention staff to alert direct care staff if a youth is high risk or needs special watch.
2. The Special Watch Form shall be completed by detention staff to document regular checks on youth placed on suicide precaution. Information recorded shall include:
 - a. Checks of the youth conducted; including notation of bruises or other trauma markings. High-Level Observation requires the direct and continuous supervision of staff; however, documentation on the Observation Log shall be made at intervals of no more than 15 minutes.
 - b. Checks during Moderate-Level Observation shall be conducted at intervals of no more than 15 minutes and shall involve personal contact with the youth.
 - c. Behavioral observation and problems with youth shall be noted in the observation log and the supervisor shall be notified of any existing problems. The observations shall include comments regarding the youth's attitude and outlook. Significant data shall immediately be relayed by the supervisor to the facility physician or QMHP. Documentation shall be completed every shift.
 - d. Visits conducted by the physician, the facility nurse or medically trained staff, the counselor and/or any other staff visiting the youth each 24 hours that the youth is on Special Watch and a summary of the results of each visit. All interactions with the youth shall be documented.
3. Documentation of the placement on suicide precaution shall be made into the youth's progress notes on the date of the incident by the attending Youth Worker staff in accordance with DJJPP 705.2.
4. Suicide and suicide attempts shall be documented on an Incident Report in accordance with DJJPP 715. Any action taken on behalf of the youth while awaiting contact with the mental health professional shall be

POLICY NUMBER DJJ 724	ISSUE DATE 07/15/05	EFFECTIVE DATE 02/03/06	PAGE NUMBER 4 of 4
--	--------------------------------------	--	-------------------------------------

documented by staff on the form as well.

- J. The mental status of any youth may vary greatly from day to day and sometimes hour to hour; therefore, it is imperative that staff have good observational skills and knowledge of what to look for. If any staff member has a reason to feel that a youth who is already on a precaution level should be moved to a higher level of precaution, they shall be able to do this pending consultation with the health trained staff, counselor or Superintendent. If the Superintendent feels unsure about this decision, the QMPH shall be contacted for consultation.
- K. If suicidal behavior is a chronic issue then the youth's behavior management plan may reflect changes in the levels of precaution to be most therapeutic to that youth.
- L. Admission to appropriate health care facilities in lieu of detention shall be sought for all youth suspected of having a severe mental illness or a developmental disability. All sources of assistance shall be identified in advance of need, and referrals to outpatient community mental health services shall be made in all such cases upon notification of the juvenile court with jurisdiction.

V. MONITORING MECHANISM

The facility Superintendent and medical staff shall provide on-going monitoring of this activity. The Director of Mental Health or designee and the Division of Program Services shall also monitor this activity.